Confidential Application Form for Employment

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| 1. POSITION DETAILS | |
| Title of post  *(Refer to role profile)* |  |

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| 1. PERSONAL DETAILS *(Please use BLOCK LETTERS)* | | | | |
| Title  *(Mr, Mrs, Ms, Dr)* | Surname | Forename | | |
| Nationality | | Known as | | |
| Citizenship: Are you an Irish / EEA Citizen? | | | Yes | No |
| Do you require a visa to work in the Republic of Ireland? | | | Yes | No |
| If yes, please state what type of visa or work permit you currently hold and the expiry date.  Type of visa/work permit  Expiry date | | | | |
| Residential / Postal address | | | | |
| Contact detailsPrivate      Mobile  E-mail | | | | |

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| 1. PREVIOUS EMPLOYMENT *(Please list last three positions held, putting the most recent first)* | | | |
| Employer | Position held | Date from | Date to |
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| 1. PERIODS NOT ACCOUNTED FOR *(Please give details of any gaps in employment of more than two weeks (but not holidays) e.g. registered unemployment)* |
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| 1. EDUCATIONAL QUALIFICATIONS *(Please put the most recent first)* | | | | |
| Qualification | Academic institution | Major subject | Dates of study | Year conferred |
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| 1. COMPUTING SKILLS *(Please list the software packages that you are familiar with and indicate your level of competence)*   Competency scale:   1. Exposed to and used on a limited basis 2. Average 3. Proficient 4. Highly experienced |
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| 1. DRIVING LICENCE | | |
| Do you have a full valid driving licence? | Yes | No |

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| 1. PROFESSIONAL MEMBERSHIPS / ASSOCIATIONS   *(Please list all relevant memberships you currently hold.)* | | | |
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| For Medical Officer posts only:  Are you registered with the Medical Council in Ireland? | Yes | | No |
| For Veterinary Assessor posts only:  Are you registered with the Veterinary Council in Ireland? | Yes | No | |

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| 1. REFEREE INFORMATION | | | | |
| Name | Organisation and position held | Relationship to you | Contact details | |
|  |  |  | Phone :    E-mail : | |
|  |  |  | Phone :    E-mail : | |
|  |  |  | Phone :    E-mail : | |
| Do you require notification before your referees are contacted? | | | Yes | No |

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| 1. RECRUITMENT INFORMATION   *(Please indicate how you heard of this vacancy)* | |
| HPRA website/notifications | Word-of-mouth |
| Journal advertisement (*please specify)* |  |
| Press advertisement (*please specify)* |  |
| Other (*please specify)* |  |

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| 1. SUPPORTING STATEMENT *(In this section please outline the reasons you are applying for this post. Please refer to the criteria set out in the ‘qualifications and experience’ section of the role profile and outline how you specifically meet each of the essential criteria, and additional criteria if relevant, by providing at least one example for each).* |
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| 1. APPLICANT DECLARATION |
| All information provided in this application is, to the best of my knowledge, true and correct. I understand that should any of the particulars furnished in this application be found to be false or misleading, it may lead to my application being rejected or, if I have already been appointed, to my dismissal. I also authorise the Health Products Regulatory Authority to request copies of my academic transcripts and/or verify the authenticity of my qualifications with the academic institutions listed in 'Educational Qualifications' above.  Application submitted electronically: Yes  No  Date:  If submitted in hard copy, please sign below:  Print name: Signature: Date: |
| Please read the information relating to the post you are applying for when completing this application and ensure you have checked your application for grammar and spelling.  Please return your complete application to [jobs@hpra.ie](mailto:jobs@hpra.ie) or you can send it by post to Human Resources, Health Products Regulatory Authority, Kevin O’Malley House, Earlsfort Centre, Earlsfort Terrace, Dublin 2.  Your application must include:   * A concise *Curriculum Vitae* including details of previous work experience and reference to any professional publications and achievements. |